PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004 | | | | | | | | 10/574/99 | | | | |
|--|--|---|--------------------|--|--------------|------------------|--------------|-------------------|------------------------|----------------------------|--------------|------------------------|
| | | CLAIMS | AS FILED (Colur | | | Column 2) | | SMALL ENTITY TYPE | | OTHER THAN OR SMALL ENTITY | | |
| U.S | . NATIONAL S | STAGE FEES | | | | | 7 / | RATE | FEE | 1 | RATE | FEE |
| BASIC FEE | | | | | | | ва | SIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | | | | | EX | AM. FEE | | | EXAM. FEE | 200 |
| SEARCH FEE | | | | | | | SE | ARCH FEE | | | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | mi | nus 100 = | | / 50 = |] [> | \$ 125 = | | | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | 20 minus 20 = | | * | | | X \$ 25 = | | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | 2 | minus 3 = | * | | | \$ 100 = | | OR | X \$ 200 = | |
| MUL | TIPLE DEPEN | DENT CLAIM PR | ESENT | ······································ | | | 1 - | \$ 180 = | | OR | + \$ 360 = | |
| * If | the difference | in column 1 is | less than zei | o, enter "0 |)" in co | lumn 2 | - | TOTAL | | OR | TOTAL | 900 |
| | · | CLAIMS AS AM (Column 1) CLAIMS REMAINING | | NDED - PART (Colum | | n 2) (Column 3) | | SMALL E | ADDI- | OR | | NTITY ADDI- |
| AMENDMENT A | | AFTER AMENDMENT | | PREVIO PAID | | EXTRA | ↓ | RATE | TIONAL FEE | | RATE | TIONAL FEE |
| | Total | * | Minus | ** | | = | | < \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | <u> </u> | \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | JL | \$ 180 = | | OR | + \$ 360 = | |
| TOTA | | | | | | | | | | OR | TOTAL ADDIT. | |
| | | (Column 1) | | (Colur | | (Column 3) | | | | _ | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIO PAID | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = |) | (\$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | X | \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + | \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | | TAL ADDIT. FFF | | or • | TOTAL ADDIT. | |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |